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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 1195

<b>SERIAL NUMBER</b> 10/784,807	<b>FILING OR 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> LE-218J
<b>APPLICANTS</b> Mark Gelfand, New York, NY; Howard R. Levin, Teaneck, NJ;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/449,174 02/24/2003 and claims benefit of 60/449,263 02/24/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/15/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 97
		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> 32488				
<b>TITLE</b> Method and catheter system applicable to acute renal failure				
<b>FILING FEE RECEIVED</b> 2500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	